



Safe Motherhood

WHAT IS THE PUBLIC HEALTH ISSUE?

- In 2002, the infant mortality rate in the United States increased from 6.8 to 7.0 per 1000 live births.
- Preterm birth is a major cause of infant mortality, and has been increasing.
- In 2002, 65 percent of infants who died were born preterm.
- SIDS is the third leading cause of infant mortality.
- A large racial disparity exists in preterm birth, SIDS, and infant mortality rates.
- Black women are almost four times more likely to die of pregnancy-related complications than are white women.
- 43 percent of women experience some form of morbidity during labor and delivery.

WHAT HAS CDC ACCOMPLISHED?

For more than a decade, CDC has worked with state and local health departments, universities, national organizations, and others to improve the health of mothers and infants. CDC's research and programs are aimed at reducing adverse outcomes of pregnancy, such as low birth weight, infant mortality and morbidity, and maternal morbidity.

CDC funds the Pregnancy Risk Assessment Monitoring System (PRAMS) in 29 states and one city. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health. In addition, PRAMS gives state health officials information to monitor changes in maternal and infant health indicators (e.g., unintended pregnancy, prenatal care, breast-feeding, smoking, drinking, and infant health). PRAMS not only provides state-specific data, but also allows comparisons among participating states because the same data collection methods are used in all states.

CDC also funds an initiative to address SIDS and other sudden unexplained infant deaths. SIDS is the sudden death of an infant less than one year of age that cannot be explained by information collected during a thorough investigation. Although the overall rate of SIDS in the United States has declined since 1990, rates have declined less among non-Hispanic Black and American Indian/Alaska Native infants. The cause of SIDS is currently unknown.

Examples of Programs in Action:

PRAMS: Utah used PRAMS data to develop programs and raise awareness about prenatal care. In 2000 and 2001, Utah ranked 49th in the nation for adequacy of prenatatal care. Using PRAMS data, Utah conducted an analysis of the characteristics of women with inadequate prenatal care and found that 61 percent of women with inadequate prenatal care due to late entry stated that they received prenatal care as early as they wanted. The results of Utah's analysis led the Utah Department of Health (UDOH) to conduct six focus groups with women who received inadequate prenatal care. The UDOH concluded that women in Utah did not seem to value prenatal care and were unaware of the recommendations for prenatal care.

Utah's *Baby Your Baby* program adopted this adequacy problem for its media campaign. Four commercial spots were developed to educate women on the importance of early and adequate prenatal care. The ads aired for 18 months on Utah's CBS station. An evaluation of the campaign is currently being launched. The evaluation will target postpartum women to determine if seeing the ads changed their attitudes on prenatal care or led them to seek early and adequate prenatal care.

WHAT ARE THE NEXT STEPS?

In 2006, CDC plans to expand PRAMS to additional states to increase the coverage of U.S. births. Currently, PRAMS covers 62 percent of all births in the United States. CDC is also investigating trends in SIDS rates as well as reasons for the racial and ethnic disparities. A future goal is to create a registry or national surveillance system for all cases of sudden unexplained infant death. This registry would provide much-needed data to conduct research to identify modifiable risk factors for these infant deaths and to develop targeted prevention strategies that could reduce SIDS rates.

For additional information on this and other CDC programs, visit www.cdc.gov/programs.

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